Foxglove Care Limited

Foxglove Care Limited- 33 Main Street

Inspection report

33 Main Street
Wawne
Hull
North Humberside
HU7 5XH

Tel: 01482826937

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 07 and 15 March 2017 and was unannounced. This meant the registered provider and care workers did not know we would be inspecting. The inspection was completed by one adult social care inspector.

We previously inspected this location on 15 November 2015. At that time the home was rated overall as requires improvement. We identified a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17(2) Good governance in Well Led. This was because there was no effective system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The service did not evaluate and improve their practice effectively. At this inspection we checked and found the registered provider had implemented a quality assurance and audit programme and had met with the identified breach.

During our previous inspection we advised the registered provider to make improvements on the recording and storage temperature for people's medicines. At this inspection our checks confirmed the registered provider had systems and processes in place to ensure medicines were managed and administered safely in line with guidance and people's prescription. This included appropriate procedures that ensured medicines were stored at the correct temperature.

During our previous inspection we advised the registered provider to make improvements on the recording and completion of pre-employment checks for care workers. At this inspection we found all care workers had completed an application form, interview and that two references from recent employers had been obtained along with checks with the Disclosure Barring Service (DBS) before they started their role as care workers with people. These measures helped to ensure only suitable care workers were employed to work with vulnerable people.

During our previous inspection there was a manager in post but they had not registered with the Care Quality Commission (CQC). At this inspection there was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

33 Main Street is a house in the residential area of Wawne, on the outskirts of the city of Hull. It has two bedrooms, a lounge with a dining area and a kitchen. It provides a service to a maximum of 1 younger adult with learning disabilities or autistic spectrum disorder, physical disability or sensory impairment.

People were supported by care workers who understood the importance of protecting them from harm and abuse. The registered provider had a safeguarding adult's policy and procedure and care workers had received training in how to identify abuse and report this to the appropriate authorities.

The registered provider had completed assessments of risks for people, the home and the environment. Along with associated support plans these measures helped people to remain safe and helped care workers to provide people with safe care and support, in line with their needs and with minimal restrictions in place.

Systems and processes were in place to record, evaluate and implement actions and outcomes in a timely manner for any accidents or incidents that occurred. This helped to help prevent re-occurrence.

Care workers completed an induction to the home, their job role and to people they supported. Care workers received training to support them with the skills required to meet the needs of people and this was recorded electronically. Systems and processes to support care workers had been reviewed to ensure supervisions and annual appraisals were robustly recorded and these were scheduled for all care workers.

People were supported to remain healthy. People's dietary and nutritional needs were monitored and people had a choice of food at meal times. The registered provider worked with other health professionals to provide people with holistic support to meet their individual needs.

Care workers and management understood and followed legislation under the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care workers had a good understanding of people's needs and were kind and caring. They understood the importance of respecting people's dignity and upholding their right to privacy.

People were supported to enjoy a wide range of activities of their choosing and the service continually reviewed and improved this support.

People and their relatives were supported to complain and guidance was available in and around the home.

People had a care plan in place that was tailored to their individual needs and this was reviewed. The registered provider was in the process of updating the format of care plans and this had resulted in some duplication of recorded information. The registered manager assured us all duplicated information would be removed once the updates had been completed. We saw this process was managed as part of the quality assurance programme in place.

Regular audits were carried out to ensure the service was safe and well run and quality assurance meant the service was evaluated and improved for people.

People who used the service, and those who had an interest in their welfare and well-being, were asked for their views about how the service was run.

Everybody spoke highly of the organisational structure including care workers and the registered manager and employees had a clear understanding of their roles and responsibilities. Best practice and knowledge shared at staff meetings ensured care workers were kept up to date with changes both in the organisation and with people's individual needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient numbers of skilled care workers employed that ensured people received the service that had been agreed with them.

Care workers received training on safeguarding adults from abuse and understood their responsibility to report any incidents of abuse to the relevant people.

Risk management plans were in place for the home and enabled people to receive safe care and support without undue restrictions in place.

People received their medicines safely as prescribed.

Is the service effective?

Good

The service was effective.

Care workers received supervisions and appraisal and the recording process was being improved.

People were supported to remain healthy and choices of food were available.

Care workers received appropriate support and training that equipped them with the skills and knowledge to carry out their role and meet people's individual needs.

The manager and care workers understood their responsibilities in respect of the Mental Capacity Act 2005 (MCA). Care workers supported people to make choices and decisions.

Is the service caring?

Good

The service was caring.

The feedback we received and our observations confirmed that care workers cared about the people they were supporting.

People's individual care and support needs were understood by care workers, and people were encouraged to be as independent as possible.

People's privacy and dignity was respected by care workers.

Is the service responsive?

Good

The service was responsive.

People and relatives were happy with the care provided and we observed care workers were responsive to people's individual needs.

People's care plans recorded information about their individual care needs and their preferences and the process of recording this information was being improved.

There was a clear activity schedule in place and support for people to participate in activities of their choosing was consistently reviewed to ensure it was suitable.

Is the service well-led?

Good

The service was well led

Quality assurance systems and processes were in place that helped identify and improve areas of the service for everybody.

Everybody spoke highly of the registered manager at the home and the organisation.

The registered provider sought the views of people and implemented actions where the service fell short of expectations. However, due to the small size of services provided by the organisation, surveys were completed across the organisation and were not outcome focused on the individual home.

Foxglove Care Limited- 33 Main Street

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 07 and 15 March 2017 and was unannounced. The inspection was completed by one adult social care inspector.

Before this inspection we reviewed the information we held about the service, which included any notifications we had received from the registered provider.

On this occasion we did not ask the registered provider to submit a provider information return (PIR) prior to the inspection; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who live at the home and any improvements they plan to make.

The local authority safeguarding and quality teams were contacted as part of the inspection.

During the inspection we observed interactions between a person who used the service and care workers. We spoke briefly with a person using the service and two of their relatives. We also spoke with the registered manager and three care workers.

We reviewed care records for people living in the home, reviewed recruitment files and training records for four care workers and looked at various other records relating to the management of the service.

We looked at how the service followed the Mental Capacity Act 2005 and Deprivation of Liberty code of

practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked around the home, with a person's permission and we observed the process involved with the administration and management of one person's medicines.

Good

Is the service safe?

Our findings

During our previous inspection on 05 November 2015 we recommended the registered provider implemented measures that ensured medicines were kept at temperatures that were in line with national guidance and that this information was recorded. At this inspection we checked the storage of medicines and found a thermostat with daily records taken that enabled the registered provider to demonstrate that people's medicines were stored at the correct temperature.

We observed the medicines process, and saw people who used the service received their medicines as prescribed. Information leaflets on the medicines taken by people were available and included any known side effects and the reasons why the medicine was required. The registered provider had a medicines policy and procedure that followed best practice guidance from the National Institute for Health and Care Excellence (NICE). NICE provides national guidance and advice to improve health and social care. This guidance included information on the management of medicines such as when people were away from the home, what to do when the people refused their medicines, homely remedies, controlled drugs that required special handling, as and when required (PRN) medicines; for example pain relief, and how to report and record any errors in administration.

Care workers told us and we saw from records they had completed medicines training. A care worker confirmed, "I completed medication training on line and was then observed on five occasions helping [Name] to take their medication and record the information before being signed off as competent". Medicines Administration Records (MARs) were used to record when people had taken their prescribed medicines. The MARs we saw had been completed accurately and audits were in place to check these records were completed in line with guidance. These measures helped to ensure the people received their medicines safely and in a timely way as prescribed.

During our previous inspection on 05 November 2015 we found the registered provider was unable to demonstrate they had completed pre-employment checks on all the care workers employed to work with the people using the service. At this inspection we checked records for four care workers. We found application forms had been submitted, two references had been obtained, and checks had been made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. These checks help employers make safer recruiting decisions and help to minimise the risk of unsuitable people from working with children and vulnerable adults. It was clear that these checks had been undertaken and that the registered provider had received this information prior to new employees starting work at the home.

During our inspection we saw there were sufficient care workers on duty to meet people's needs. There were two care workers on duty between eight o'clock in the morning and ten o'clock at night and one waking night care worker. The registered provider had a procedure for covering the rota. This included a priority of cover for any absenteeism and avoided the need for the use of agency staff. The registered manager told us, "We would only use agency as a very last resort, it is crucial [Name] has consistent care workers who know and understand their needs". They continued, "We adjust the rota depending on any events and activities,

we are here for and to support people". Care workers told us there were enough care workers on duty so they could spend time with people on an individual basis. This meant people received safe, consistent care.

Relatives told us they were confident the service was safe and people were protected from avoidable harm and abuse. A relative said, "The home is very safe, they [care workers] pick up on any changes in [names] moods very quickly and we are always kept up to date," they said, "We have had some difficult situations with other services but we never have any concerns here, it is evident by the progress [name] has made and how happy and safe they are".

Systems and processes were in place to keep people safe from avoidable harm and abuse. Care workers had received training in safeguarding adults from abuse and they were able to discuss the signs that could be presented when someone may be subjected to harm and abuse. Although no safeguarding concerns had been received, care workers could describe to us the actions they would take in the event of any concern. Comments included, "If I had any concerns whatsoever I would record them and speak with a manager; it is our responsibility to keep [name] safe". "I know when [name] is not happy, they make it quite clear but if I had concerns about their care and support or about any bad practice I would report it, we can whistle blow concerns to the CQC can't we?" We were shown minutes of staff meetings where the procedure for whistleblowing and emphasis on safeguarding and raising concerns were documented.

The registered manager showed us an information file that included a safeguarding policy and procedure and information on how to escalate any concerns to the local authority where further investigation or advice was required. A template was in place to record any concerns with a monthly analysis form and guidance that helped ensure any concerns were recorded and evaluated to prevent re-occurrence and keep people safe.

Records we looked at in people's care plan included information that helped care workers provide safe care and support without unnecessary restrictions in place. Risk assessments had been completed on every day activities, care and support. These were reviewed and updated on a regular basis or when people's needs changed, for example, following an illness or health review. However, we found some information was duplicated in various formats. The registered manager told us they were updating the records and replacing the information with a new easier to read format. They told us the previous information would then be removed once the process had been completed. We saw this process was documented and reviewed as part of the quality assurance process.

The registered provider had completed assessments for the home environment that helped keep everyone safe. The risk assessments covered areas of daily life which people may need support with, for example, personal care and dressing, hygiene, mobility, continence, travelling by car and ear infections.

Other assessments included behaviours which may challenge the service and place people and others at risk. For example, we saw these assessments included the identified risk and associated guidance on what works and what does not work recorded for supporting people when they became distressed or anxious and detailed circumstances that may trigger these behaviours and ways to avoid or reduce these. Care workers told us, "Risk assessments and the support plans are in place for everything we do, they help us keep [name] safe and ourselves safe" and, "We use charts to record behaviour and these are analysed to evaluate any additional support or resources we might need to better support people".

Maintenance certificates were in place and up to date for the service. These records were contained in a health and safety file and showed us that agreements were in place which meant equipment was regularly checked and serviced at appropriate intervals. The equipment included, electrical testing, portable

electrical appliances and gas installations. This ensured they were safe and in good working order.

We saw checks on water temperature and shower head disinfecting were completed and recorded as part of the preventative requirements in place that helped to prevent the associated harm from Legionella bacteria which causes Legionnaires disease, a potentially fatal form of pneumonia. Other checks included those on the vehicle used by people and care workers, window restrictors, fridge temperatures and extractor fans. The fire risk assessment was reviewed in February 2017. We saw that checks were completed on fire extinguishers every month and fire equipment was serviced annually by an outside contractor. Fire drills were completed at least twice every year and escape routes were checked weekly for obstructions. These checks helped to ensure the safety of everybody who used the service.

The home was clean and hygienic with no unpleasant smells. Care workers had access to and used appropriate personal protective equipment to protect them when providing personal care and they followed safe practices for hand washing.

The registered provider had contingency plans in place to respond to foreseeable emergencies including extreme weather conditions and staff shortages. This provided assurance that people who used the service would continue to have their needs met during and following an emergency situation.

Accidents and incidents were recorded and included details of the event, an outcome and any actions. Forms included the relevant information that helped the registered provider identify any emerging trends and implement corrective actions to prevent re-occurrence and keep people safe. A new form had been implemented for incidents and we saw this did not include information on any resulting actions taken. The registered manager told us the form had just been released and would be updated with the relevant information.

Good

Is the service effective?

Our findings

Relatives confirmed the service effectively met with the care and support needs of people living at the home. They told us, "The service is brilliant, [name] receives consistent support from a regular group of care workers, it is very rare that agency staff are used and on the odd occasion this happens they are never on their own with [name]; they are supported by other regular care workers who understand and know [name] needs".

Electronic records showed care workers received training which was relevant to their role and equipped them to meet the needs of the people who used the service. Where refresher training was due the registered manager told us this was followed up as a priority. Care workers confirmed they received training on a regular basis, this included health and safety, infection control, food hygiene, medication, safeguarding and fire training. Care workers were also provided with the opportunity to undertake more specialist training which was relevant to the needs of the people who used the service; this included epilepsy training and how to support people with behaviours which may challenge the service and place people and others at risk of harm.

Care workers confirmed they thought the training was good and equipped them to do their job effectively. A care worker told us, "I have recently completed training in NAPPI; I have found it really useful in dealing with any challenging behaviours to restore calmness and de-escalate without using physical intervention". Non-abusive psychological and physical intervention (NAPPI) is accredited by the British Institute of Learning Disabilities (BILD) and provides care workers with training in assessment, prevention and management of service users whose behaviour may become challenging.

Where care workers were recruited and where they were new to care work or had not completed a minimum level of training, they were required to complete the care certificate as part of their induction process. The care certificate is a set of minimum standards that social care and health workers adhere to in their daily working life.

Care workers told us they were supported in their role and records of some supervision and appraisals were evidenced from documentation in care workers files. This process was confirmed from discussion with care workers. A care worker said, "I have supervision, probably every three months or so". Another care worker said, "I had supervision in August and December and I am due another anytime". However, one person told us, "I haven't had an official supervision yet, I do feel supported though and I am able to discuss any concerns I have". We discussed this with the registered manager who told us the process for supervisions and appraisals had been updated to ensure this information was robustly recorded. They provided us with a list of all planned supervisions and this information included annual appraisals.

Care workers we spoke with understood people's preferred routines and the way they liked their care and support to be delivered. Care workers described in detail how they supported people in line with their assessed needs and their preferences. We saw they communicated with people effectively and used different ways of enhancing communication. For example, offering people objects to choose from and

confirming their choice with them. This approach enabled care workers to create meaningful interactions with the people they were supporting.

Care records contained clear guidance for care workers on the preferred methods of communication with people. A 'communication passport' recorded that a person 'gave a thumbs up and smiled' to show they liked something and 'I show I don't like things by hitting out, throwing things or I might bite my hands' was recorded to show when people were not happy with something. Information included what actions care workers should take that worked with communicating with people and what didn't. Information recorded a person could lip read and that care workers could use Makaton. Makaton uses signs and symbols to help people communicate and this information included easy to read print, pictures and symbols to aid understanding. A care worker told us, "I follow the guidance in care plans but I have found that [name] also can verbalise some communication and understands some conversations". This supported people to make day to day choices relating to how they wanted to spend their time, activities, and meals and about their care and support.

We saw people's nutritional needs were assessed and kept under review and there was a good range of food and drink supplies within the home. Care plans recorded people's favourite foods, for example; 'I like healthy snacks; grapes, bananas, melons and pineapple and I like a glass of coke when I go out for a social drink'. Information included an individual support plan for a person's meals and drinks. This recorded, 'what is important for me', 'what I can do for myself' and 'what I need help with'. The information had been reviewed with some updates as people's needs changed. Where there were any concerns the registered provider had involved other health professionals. For example, we saw a speech and language therapist (SALT) had assessed a person to see if they required help with swallowing their food and had provided appropriate feedback that helped to ensure people were not at risk from choking.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the registered provider was working within the principles of the MCA and any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had acted appropriately and assessed people who used the service as meeting the criteria for DoLS. Where an application had expired we saw a new application for a DoLS authorisation had been submitted to the local authority. We reviewed emails they had submitted to the local authority to enquire if there had been any further progress with the applications. They told us they would continue to follow these up.

A DoLS provides a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them safe from harm. Care plans included an initial assessment of people's capacity and this was annually reviewed. Information included the area of assessment, indicators and risks, measures to minimise the risks and additional comments. Areas of assessment covered neglect, mealtimes, physical abuse, personal care, institutional abuse, travelling by car, being out in the community, behaviour which challenges and emotional and psychological abuse and financial abuse. Where these assessments recorded people lacked mental capacity their care and support was carried out in their best interest. We saw one best interest meeting included the service manager, team leader, social worker and people's relatives.

Care workers had a good understanding of the requirements of The MCA and where training was required this had been completed or was in progress for all care workers as part of their induction. A care worker told us, "[Name] can make small everyday decisions and I always encourage this; I can point at things and they respond with their choice for example, at meal times they can pick what they want to eat and we always discuss if they want to go out or not and I respect those decisions, it is their choice". Another care worker said, "It's about encouraging people to make their own decisions and if I had any concerns I would report those to a manager". Care plans confirmed where concerns were documented assistance and guidance had been sought from other health professionals to ensure people received care and support that was in their best interest and the least restrictive option.

A safety gate was in place at the entrance to the kitchen area. This had been installed after a best interest meeting and was used to keep a person safe when care workers were cooking hot meals. It had been agreed that this would only be used when the cooker hob was switched on. Usage of the gate had been documented that included a narrative of any behaviour shown by people who was restricted by its use. The narrative was used to evaluate the effectiveness of the gate and to ensure no adverse behavioural problems resulted. A care worker told us, "[name] is very accepting of the safety gate and they know they can still be involved and they can communicate with us whilst we are cooking whilst keeping safe when the hob is on, but it's important we review this to make sure it is suitable and appropriate".

We saw people's care plans contained information about their health needs and how care workers were to support people to maintain a healthy life style. Previous and current health issues were documented in people's care plans and health care professionals were contacted when support was needed, for example, community nurse, dieticians and hospital outpatient appointments. People were supported to access their GP when required and regular reviews were undertaken to ensure people remained healthy.

Good

Is the service caring?

Our findings

We saw people who used the service, their families and care workers had good, respectful relationships. Care workers were aware of people's needs and the support they required to lead a fulfilling life. There was lots of laughter and good humoured conversations and people clearly enjoyed care workers and each other's company. Where people wanted time alone care workers respected this but were always on hand and nearby should they be required.

Feedback and observations confirmed the service was caring. A relative told us, "The care workers are very considerate of both [name] and our own needs and concerns," they continued, "We are all treated very well, and we are informed honestly if [name] there are any concerns, we are involved with all the meetings and reviews; we can't fault the communication". Another relative said, "The personal care is spot on, care workers understand [name] their needs and know how to care for people".

People were allocated a key worker. Relatives knew the name of the key worker and told us they were instrumental in people's progress. They said, "[Key worker's name] is absolutely fantastic, we can't fault them, they complete all the reviews, keep us up to date but most of all they have been instrumental in [name] progress since they started with the service". The key worker told us how they worked with people and encouraged their independence. They said, "I have got to know and understand people's needs, and we have made some real progress". They said, "I involve people with everyday activities, they take the washing out of the washing machine, I carry it outside and they help me put it on the washing line, they help me prepare their choice of food, making salad wraps and drinks and they can wash their own hair".

The key worker confirmed they completed monthly review meetings and we saw records were updated as result of any changes in people's needs. The key worker told us, "We review people's needs monthly, we invite relatives to attend and it is an opportunity for people to be involved as much or as little as they want". They went on to tell us, "[Name] uses body language and can make choices by pointing out their preferences".

Care workers could describe to us the importance of maintaining people's privacy and dignity. They said, "I always close the toilet door to maintain people's privacy but stay close by in case they need any support" and, "We always make sure towels are ready when they have a bath, so they can be covered when they get out; we try and encourage people to do as much as they can for themselves for example, washing their hair". During our observations, we saw people were always asked for their consent before any care tasks were undertaken. A relative told us, "[Name] is always well turned out and chooses their own clothes; care workers encourage this and it helps them to keep their dignity".

Care workers discussed the importance of maintaining family relationships and how they supported and enabled this, for example, supporting people with home visits. A 'personal care support record' for visiting parents in a care plan included information on how parents recorded any medicines taken whilst people were away from their home. Relatives spoken with confirmed this process to be in place.

We saw the registered provider had information on the use of advocacy to support people and provide them with additional information on making difficult decisions. The registered manager told us they did not have any advocacy in place at the time of our inspection as people had alternative lines of support available to them. They said, "We are looking at what we can document for people's end of life wishes and preferences across the services we deliver and we are looking at the use of some advocacy support to further enable those difficult discussions with people".

Good

Is the service responsive?

Our findings

Relatives we spoke with told us, "We are 100% happy with the care and support [name] receives at the home and we know they are happy; they have a lot of choices over how they live and this is encouraged by care workers". A care worker said, "I was employed previously as an agency worker and I have worked for a variety of care organisations but the service provided at this home is the best I have seen; it is really focused on and around people's needs and wellbeing".

Care plans included a missing person form that had a photo of the individual, personal details, communication preferences, risks and known medical conditions. This information was available should people go missing to help emergency services identify people. Other information included a hospital passport. The hospital passport recorded a detailed summary of people's key health needs, medication, communication needs, likes, dislikes and information that other health professionals may need to know should people be admitted to hospital or transferred to another health service. The registered manager told us, "The health passport follows NHS guidance that ensures people's key health information can be easily transferred in the case of an emergency situation such as people being admitted to hospital."

Care plans clearly documented what a person could do on their own and any support they required for all activities and areas of care and support. We saw morning routines were recorded with information that ensured toiletries and creams were always available when needed. A care worker said, "Knowing where things are is important as it avoids any anxiety finding items and helps us to have a smooth calm routine with people". Another care worker told us, "It is important all care workers read and understand peoples care plans and adhere to the information." We saw care workers signed areas of the care plans to confirm they had read and understood the content. The need for consistent care was highlighted in a record that described what doesn't work for people. The record stated, "Staff not reading support plans and working different methods". A care worker confirmed, "When a new member of staff joins the team they read the care plan to ensure they have the information required to provide consistent support in line with people's needs, any deviation can be disastrous and we have to start building [name] confidence all over again".

People were supported with life skills and an associated 'development plan' was completed at the end of each shift by care workers. This included a list of 'daily goals' centred on people such as, 'Brushed my teeth?' 'Chose my clothes?' 'Helped tidy my room?' and 'Gone for a walk?' These were ticked by care workers where people had independently completed the activity. The information included pictures of the activity to help to further engage people. A care worker said, "We use this information as part of the monthly review to see what went well and what we need to put more resource in to improve and support people."

Care plans were well written and contained appropriate information to show that people had been fully assessed and the action care workers needed to take to support people was clear. We saw that care workers reviewed the care plans and risk assessments regularly. Evidence confirmed people who used the service and those acting on their behalf were involved in their initial assessment and on-going reviews. Relatives we spoke with confirmed their involvement. A relative said, "I have been involved in [name] care plan right from the beginning and we attend monthly reviews where we discuss the care plans." Individual assessments

were seen to have been carried out to identify people's support needs and care plans had been developed following this, outlining how these needs were to be met.

Other charts were completed for mood and behaviour and a handover sheet included a checklist of paperwork to be completed. Care workers told us they could look at this information and that it helped them to understand any problems or concerns during a previous shift and that the information was used to review and update care and support plans.

People were supported to engage in activities of their choosing. A relative told us, "If there is one thing that I would like to see improved it's [name] participation in activities but it's their choice". A care worker showed us a 'daily choices' file. This included an activity planner for the morning, afternoon and evening. We saw documented activities included car journeys out to museums, bowling, the cinema, and walks in the village and to the local pub. Inside activities included coffee morning, relaxing, music and films. To improve the activities the registered provider had a learning log that recorded the activity and the outcome. A person's key worker told us, "We are taking [name] to a trampoline park; they need gentle persuasion and reassurance to go into the building, it can take up to three attempts but we are patient and unless they don't want to go we persevere."

The registered provider had systems and a policy in place to respond to any complaints. Information and guidance was available in the entrance to the home. We saw from records held that there had been no complaints made to or about the service since our previous inspection. Care workers confirmed they routinely encouraged feedback from people and could identify if a person was not happy with anything by their mood or body language. A care worker said, "We would probably deal with most situations as they happen but people and their relatives in general seem quite happy with the service". When we asked a relative about the service complaints procedure they told us, "If we weren't happy or had any concerns we would speak with the registered manager, but we don't have cause for concern as communication is very good, we can discuss concerns before they become a complaint".

Good

Is the service well-led?

Our findings

During our previous inspection on 5 November 2015 we found people who used the service were not assured of a quality service because there was no effective system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The service did not evaluate and improve their practice effectively. This was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17(2) Good governance.

During this inspection we checked and found the registered provider was compliant with this breach.

The registered provider had a quality monitoring system in place which ensured the smooth running of the service. This included audits which the registered manager had to undertake on a regular basis for example, medication, health and safety and equipment. Independent audits were also undertaken by other registered managers from other services. Time limited action plans were put in place to address any issues and improve the service people received. However, we found that the dates for all audits completed in January 2017 were dated January 2016 and the information was not always clearly legible. The registered manager told us the audits required typing up electronically to ensure any issues arising could be evaluated with actions implemented for further review. We saw this had been completed for previous audits.

During our previous inspection on 05 November 2015 the home had a manger but they were not registered with the Care Quality Commission (CQC). As a condition of their registration, the service is required to have a registered manager in post. At this inspection there was a registered manager in post.

The registered manager had a good understanding of their role and responsibilities. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. The registered manager understood their responsibility to ensure the CQC was informed of events which happened at the service which affected the people who used the service but had not had to inform the CQC of any significant events since our previous inspection.

The registered manager and the team leader were not available on the first day of our inspection and we were supported by a key worker. The key worker was able to provide us with people's records and information about the service but was unable to provide any information on care workers. This information was locked away and the registered provider had not made provision for this information to be available. We made a follow up inspection and the registered manager was then available and provided us with this additional information. All records containing details about people that used the service, in relation to care workers employed in the service and for the purpose of assisting in the management of the service were stored safely and securely.

Everybody spoke positively about how the service was managed. There was a clear organisational structure and care workers understood how and when to escalate any concerns. Care workers told us "When the team leader is away from the office we can't contact them and therefore we need to speak with the registered

manager or the main office for any advice and guidance, they are all very supportive". A relative told us, "Foxglove care is the best in the business, they are absolutely spot on right the way to the directors".

We saw that people's care was person centred and empowered people to make choices and encouraged their independence in a safe, managed way. Care workers told us they were supported and kept up to date with changes, not just for people but also in best practice and organisational changes. A care worker told us, "We receive updates about people's needs at staff meetings and during reviews and we also document information after each shift in daily hand over notes in people's files".

The registered manager held regular staff meetings and we looked at minutes of the last meeting held in December 2016. Topics for discussion included health and safety, food hygiene, paperwork activities, personal information, cleaning, introduction of a new incident analysis form, training, respecting people's preference when watching television, annual leave and decoration. Care workers confirmed they attended these meetings and found them helpful. A care worker told us, "We have regular meetings, they are a useful point to be updated on what is going on in and around the home and we can raise any issues and share best practice for discussion". Where care workers had been unable to attend they had signed the minutes to declare they had read and understood the information discussed.

We were shown an annual survey that had been sent out to people and other stakeholders involved across the organisation as a whole to gather feedback on how they perceived the service they received. The survey was not broken down or uniquely representative of the service people received at 33 Main Street. During 2015 to 2016 the registered provider told us they sent out 180 surveys across the company to people, their families and professionals that had a significant interest in the services. The survey sent to people receiving a service included feedback on four areas; care management and staff, premises and information about the home; they received 14 replies from service users 55 from staff and 25 from others. We saw the findings were analysed and an action plan implemented to respond to the feedback and where appropriate implement changes to improve the service for everybody. The registered manager told us, "The services are small and we address most concerns as part of our daily working, the survey provides feedback on the whole organisation but still helps to provide improvements for everybody".

The registered manager had developed good working relationships with local health and social care professionals. Those we spoke with confirmed the service was well-led and care workers were knowledgeable about people's needs and followed their guidance.